

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37221  
4681

BIRTH NO. 74250-50		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4681	
1. PLACE OF DEATH a. CITY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		350	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. Healy Hosp.				d. STREET ADDRESS (If rural, give location) 2319 College			
3. NAME OF DECEASED (Type or Print) Minda		a. (First)		b. (Middle) Deloris		c. (Last) Riley	
4. DATE OF DEATH Nov. 4, 1950		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>never married</u>	
8. DATE OF BIRTH Nov. 1, 1950		9. AGE (In years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Kansas City, Mo	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Jerry Riley		13b. MOTHER'S MAIDEN NAME Elizabeth Jones		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Riley 2319 College			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apnoea</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Scis pathic Interus Monitum</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  7710	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) ; (COUNTY) (STATE) ;			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-1-1950, to 11-4-1950, that I last saw the deceased alive on 11-4-1950, and that death occurred at 4:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE D. R. Dixon (Degree or title)				23b. ADDRESS 2204 E. 15th		23c. DATE SIGNED 11-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 11-6-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fannie G. Meek, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*inter  
mentum*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Fannie L. Meeb

Licensed Embalmer No. 3818

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.